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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 69694586	FILING DATE 12-08-00					
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7	1	1					57					
8		1					58					
9		1					59					
10		1					60					
11		1					61					
12	1						62					
13	1						63					
14		1					64					
15		1					65					
16		1					66					
17		1					67					
18		1					68					
19	1						69					
20		1					70					
21		1					71					
22	1						72					
23		1					73					
24		1					74					
25		1					75					
26	1						76					
27		1					77					
28		1					78					
29		1					79					
30		1					80					
31	1	1					81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	67						TOTAL IND.					
TOTAL DEP.	24	24	24	24	24	24	TOTAL DEP.					
TOTAL CLAIMS	9031						TOTAL CLAIMS					